FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden



Name of Offering Check if this is an amendment and name has changed, and indicate change.)	
Puroil Offering V	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section 4(6)	ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
LogSearch, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Ste. 2605 - 505 6th Street, S.W., Calgary, AB T2P 1X6	(403) 689-3901
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PPOCTOOT
Software Marketing Company	TOCESSED
Type of Business Organization	_AUG 0 2 2006
✓ corporation	please specify): ETHOMSON FINANCIAL
Month Year Actual or Estimated Date of Incorporation or Organization: 0 3 0 4 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9



			A. BASIC IDI	ENTL	FICATION DATA				
2. Enter the information re	equested for the fo	llowin	g:		,				
Each promoter of the second seco	the issuer, if the is	suer ha	as been organized w	ithin 1	the past five years;				
 Each beneficial ow 	mer having the pov	er to v	ote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	faclas	s of equity securities of the issu
Each executive off	ficer and director o	f corp	orate issuers and of	corpo	rate general and mar	naging	partners of	partne	ership issuers; and
Each general and it	managing partner of	f partr	ership issuers.						
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer	Z	Director		General and/or Managing Partner
full Name (Last name first, i	if individual)					• • • • • • • • • • • • • • • • • • • •		······································	
Durward, James									
Business or Residence Addre Ste 2605 - 505 6th Stree			, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer	Z	Director		General and/or Managing Partner
full Name (Last name first, i	if individual)		,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Cozak, Daryl									
Business or Residence Addre			, City, State, Zip Co 2P 2L2	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)	·						· · · · · · ·	
Business or Residence Addre	ess (Number and	Street	City, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)							-,	
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)			 			***************************************		
Business or Residence Addre	ess (Number and	Street	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
ull Name (Last name first, i	if individual)				***************************************				
usiness or Residence Addre	ess (Number and	Street	, City, State, Zip Co	ode)			······································	······································	
heck Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
'ull Name (Last name first, i	if individual)						• • • • • • • • • • • • • • • • • • • •		
Business or Residence Addre	ess (Number and	Street	City, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·		
	(Tea bla	nk cho	et or conv and use	additi	onal copies of this sl	heet 1	is necessari	<u> </u>	
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					в. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	ne issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offeri	in o?		Yes	No F ©
1.	rias tire	133401 3010	i, or uocs u			n, to non-a Appendix				-	***************************************	<u>L</u>	X
2.	What is	the minim	um investn									\$	
						•	•				•	Yes	No
3.	1										X		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state				
Full	Name (Last name	first, if ind	ividual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			·			
(Check "All States" or check individual States)								Al	l States				
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (Last name first, if individual)													
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					V	
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)							☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WY	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (Last name	first, if indi	vidual)									-
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)			· . · · · · ·			
Nan	ne of Ass	sociated Br	oker or De	aler									
Stat	es in Wl	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	×					
	(Check	"All States	or check	individual	States)	***************************************	••••••					☐ A1	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity		_	s 59,000.00
	✓ Common ☐ Preferred	*	_	
	Convertible Securities (including warrants)	S		\$
	Partnership Interests			\$
	Other (Specify)			\$
	Total			\$ 59,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	_	Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	1	_	\$ 59,000.00
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		_	\$
	Rule 504			\$
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		3	\$
	Legal Fees			\$
	Accounting Fees	Г	7	\$
	Engineering Fees		_	\$
	Sales Commissions (specify finders' fees separately)	_	_	\$
	Other Expenses (identify)		- 7	\$
	Total		7	\$ 0.00

Salari Purch Acqui Acqui Const Acqui Cother	Enter the diffusions between the a setal expenses ferableed in preparation to the invest." Into below the amount of the adjust the purposes above. If the six the best to the left of the extinct pode to the leasure set forth in realize and free many feel for the leasure set forth in realize and free many free and install quantum of other businesses (took into the anny be used in exchange purposes).	respective efficiency price given in response to Part C to Part C. Quantities 4.a. This difference is the steel gross proceed in the inverse send or proposes; mount for any purpose is not known, family at the passes to Part C — Questian 4.b above. The total of the payments firsted must equal the passes to Part C — Questian 4.b above. Interest of machinery ings and familiation ation of machinery	Cocation 1 *Adjusted grown I to be used for a catherine used of the company of	s, k dt Paymourts tn s Others \$
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			/	s 58,090.00
Total)	Payments Listed (column totals			5 20,000,00
		D. FEDERAL SECRATURE		
e jafaru n	continues an undertaking by the attem furnished by the immer to : mt or Type)	igned by the undersigned duty authorized pervey issuer to flatsish to the U.S. Securities and Exch my non-accordited investor puringent to purages Biganthes	ange Commission, upon	प्रांतिक स्टब्स्का रहे हैं।
nae Dun	igner (Print or Type)	Title of Signer (Print or Type)		

	and total expenses furnished in response to proceeds to the issuer."			\$59,000.00
5.	Indicate below the amount of the adjuste each of the purposes shown. If the am- check the box to the left of the estimate. proceeds to the issuer set forth in response	ount for any purpose is not known, fur The total of the payments listed must equ	nish an estimate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		\$	_ [\$
	Purchase of real estate		\$	_ 🗆 🕏 \$
	Purchase, rental or leasing and installat		<u></u> φ	— 6
	and equipment		-	
	Construction or leasing of plant building			_ □₂
	Acquisition of other businesses (includ offering that may be used in exchange:		this	
	issuer pursuant to a merger)		[] \$	\$
	Repayment of indebtedness		\$	
	Working capital		\$	\$ 59,000.00
	Other (specify):			
				_ 🗆 \$
	Column Totals		\$ <u>0.00</u>	\$59,000.00
	Total Payments Listed (column totals a	dded)		59,000.00
		D. FEDERAL SIGNATU	URE .	
ig	e issuer has duly caused this notice to be signature constitutes an undertaking by the information furnished by the issuer to an	ssuer to furnish to the U.S. Securities an	id Exchange Commission, upon writ	Rule 505, the followin ten request of its staff
SS	uer (Print or Type)	Signature	Date	
La	gSearch, Inc.		July 20, 2006	
Ĭа	me of Signer (Print or Type)	Title of Signer (Print or Ty	/pe)	
an	nes Durward	President		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Y es	No ⋉			
	See Appendix, Column 5, for state response.					

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
LogSearch, Inc.	·	July 20, 2006
Name (Print or Type)	Title (Print or Type)	
James Durward	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		B. STATE SECURITURE				
1.	is my party described in 17 CPR 239,262 pr provisions of such rais?	researtly subject to any of the disc	pastification		(=	No E
	See	Appendix, Column 5, for state p	wponie.			
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require $\frac{1}{2}$		of any state in which this not	pe is file	đa sot	ice on Perm
3.	The undersigned jesser bereby undertaken to inner in efferent.	faraist to the state administrato	ra, upoa writhen request, ind	entatio	n Gestai	shed by the
4 .	The undersigned inner represents that the is: Innited Officing Examption (ULOE) of the re of this examption has the burden of establish	m bein vi den eine eine dehre es mied	ed understands that the journ			
	er has road this sotification and knows the contr harized person.	main to be true part him duly consed	this notice us by signed on its	behaift	ry the t	nderxigned
mac (vint or Type)	Signayo	Dette			
LogSee	rtih, linc.	4	July 20. 20	06		
Nauce ()	vint or Type)	Fine (Print or Type)				
James	Durwerti	Provident				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice at Form D was to manually signed. Any copies not manually signed must be photocopies of the manually signed copy by hear typed or printed alguntures.

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** No Amount Amount Yes \mathbf{AL} ΑK AZAR CACO CTDE DC FLGA Ш ID ${\rm I\!L}$ IN ΙA KS ΚY LA ME MD MA ΜI MN MS

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NVNH NJ NMNY NC ND OH OK X OR Equity / \$59,000.00 1 \$59,000.00 X PA RI SC SD TN TXUT VT ٧A $\mathbf{W}\mathbf{A}$ wv WI

	APPENDIX										
1		2	3	4 5 Disqual			4				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State			ate ULOE, attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											